GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 19, 2026

Mariam Macha
3704 Ottawa Ave
Kalamazoo, MI 49006

RE: Application #: AF390419132
HAWAH HOME LLC
3704 Ottawa Ave
Kalamazoo, MI 49006

Dear Ms. Macha:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 3 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

Ondrea Johnson

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AF390419132
Licensee Name:	Mariam Macha
Licensee Address:	3704 Ottawa Ave Kalamazoo, MI 49006
Licensee Telephone #:	(269) 267-0167
Licensee:	Mariam Macha
Administrator:	N/A
Name of Facility:	HAWAH HOME LLC
Facility Address:	3704 Ottawa Ave Kalamazoo, MI 49006
Facility Telephone #:	(269) 267-0167
Application Date:	01/11/2025
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/11/2025	On-Line Enrollment
01/13/2025	PSOR on Address Completed
01/13/2025	Contact - Document Sent- forms sent
02/11/2025	Contact - Document Received
02/11/2025	Lic. Unit file referred for background check review
02/12/2025	File Transferred To Field Office
02/13/2025	Application Incomplete Letter Sent
11/19/2025	Application Incomplete Letter Sent-New rules- Incomplete Letter
01/03/2026	Contact - Document Received-Facility Documents
03/10/2026	Contact - Document Received-Licensee Documents
03/19/2026	Contact - Document Received-Licensee/Facility Documents
03/25/2026	Contact - Document Received-Facility Inspections
03/29/2026	Contact - Document Received-Floor Plan
04/21/2026	Inspection Completed On-site
04/21/2026	Application Complete/On-site Needed
05/06/2026	Inspection Completed On-site
05/18/2026	Contact-Document Received-Updated Medical Clearance Request Form
05/18/2026	Inspection Completed On-site BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

HAWAH HOME LLC is located on a quiet residential street in the heart of Kalamazoo's Westwood neighborhood near an elementary school, churches, parks, and Bronson Hospital. Parking is available in the facility's driveway for visitors and direct care staff. Due to the facility's location, it utilizes both public water and sewage system. The

applicant owns the facility and verification of ownership was obtained via copy of deed along with permission for Licensing and Regulatory Affairs to inspect the property.

The facility is a ranch-style home with a finished basement. The primary means of egress is located at the front door of the facility, and the second means of egress is the patio door located at the back of the home. There are not at least two wheelchair ramps nor are there any exits at grade, so the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The main floor of the home includes three resident bedrooms, one non-resident bedroom attached with a full complete bathroom for staff use, a kitchen, dining room, living room and an additional full bathroom equipped with a tub/shower combination, toilet and sink with a mechanical fan for ventilation. The licensee's minor son will occupy the non-resident bedroom. The finished basement includes a laundry room, storage room and a non-resident bedroom which will be occupied by the licensee.

The gas furnace, hot water heater and gas-powered dryer are located in the facility's basement in a room constructed of materials that provides a 1-hour-fire-resisance rating with a 1-3/4-inch solid core door in a fully stopped framed equipped with an automatic self-closing device and positive latching hardware. There is a 1 ¾- inch solid core door located at the top of the stairs to create floor separation. The facility's clothes dryer is vented to the outside using permanent metal duct work. The furnace and electrical system were inspected on 6/26/2025 and 3/20/2026 by a licensed professional respectively, and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 3/9/2026 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment. The facility's backyard is surrounded by an aluminum metal fence, however, the applicant acknowledged an understanding the gates must not be locking against egress.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'1" x 10' 4"	83 sq ft	1
2	9'1" x 12' 5"	112 sq ft	1
3	9'8" x 10' 8"	85 sq ft	1

The living, dining, and sitting room areas measure a total of __233____ square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **three** (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **three** (**3**) male and female ambulatory adults whose diagnosis is developmentally disabled and/or mentally ill in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from local community mental health agencies, local Department of Health and Human Services, private pay individuals and Adult Protective Services as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the *Resident Care Agreement* but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant, Mariam Macha, has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant has cash in savings and income from savings and outside employment. The applicant acknowledges the department may request an operational budget, invoices, purchase orders, receipts and other nonproprietary financial documents maintained in the normal course of business to demonstrate the provision of care and services for an Adult Foster Care facility.

A licensing record clearance request was completed with no convictions recorded for the applicant. The applicant submitted a medical clearance with a statement from a physician documenting her good health, dated 5/13/2026.

Mariam Macha has provided documentation to satisfy the qualifications and training requirements identified in the administrative rules. The applicant has several years of experience with direct care experience serving individuals with mental illness and/or developmentally disability in adult foster care settings. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support.

The staffing pattern for the original license of this _3__ bed facility is adequate and includes a minimum of _1_ staff –to- _3_ residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio. The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance. The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee,

administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis. The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care group home capacity of 3.

Ondrea Johnson — 5/18/2026
Licensing Consultant — Date

Approved By:

05/19/2026

Dawn N. Timm — Date
Area Manager